

**VIRGINIA DMHMRSAS RFP#720C-04161-08R AUTOMATED PHARMACY SYSTEM APPLICATION
AND SUPPORT SERVICES**

OFFEROR QUESTIONS / DEPARTMENTAL RESPONSES

Sheet #1 Dated 4/4/08

1. The RFP states: *“the Department is moving towards a single, integrated system of care, and increased emphasis has been placed on the establishment of community services and on the more effective and efficient use of state facilities”*. Does this mean that bidding on inpatient services only will result in a disadvantage for potential vendors?

Answer: No. The proposals will be evaluated the three ways indicated in the proposal. If an inpatient services only proposal is considered the best solution, then the evaluation may consider multiple awards – one for inpatient services and one for mail order patients.

2. Are licenses for the operations of the “Outside Contract Pharmacies” to be included in vendors’ proposals?

Answer: No; currently, there are no licenses needed for the contracted pharmacies. If this changes, this will be negotiated between the DMHMRSAS and offeror.

3. During Pilot, Phase I, and Phase II, is training to be provided at each site individually, or will it be done at a central facility for all defined participants at once?

Answer: Each site individually.

4. For “go live”, is on-site support to be provided at each site individually, or will it be done at a central facility?

Answer: Each site individually.

5. Could you provide the following information for each of the 17 facilities
- Hours of Pharmacy Operation;
 - Number of FTE's, broken down by inpatient and outpatient;
 - Expected maximum for initial number of concurrent users;
 - Does this facility provide inpatient pharmacy services?

Answer:

a. All DMHMRSAS pharmacies are open during the "usual normal business times; 8 AM EST to 5 PM EST. Hours of operation vary on weekends between sites; most commonly, 8 AM EST – 2PM EST.

b. See embedded excel object:
DMHMRSAS_Specs/Workstations.



DMHMRSAS_Specs/
Workstations

c. See embedded excel object:
DMHMRSAS_Specs/Workstations.

d. See embedded excel object:
DMHMRSAS_Specs/Workstations.

6. For page 16, Section III, D, 2, e, does account information pertain to outpatient operations only?

Answer: No, not necessarily. All DMHMRSAS pharmacies bill electronically for Medicare Part D. This functionality must be available. The section noting "account information" pertains to each client / consumers account (or record) of charges, etc.

7. Regarding page 23, Section III, H, 3, a, please define the desired level of system replication. For example, do mirrored drives provide enough redundancy, or are complete parallel systems more desirable?

Answer: Asynchronous Disk Replication

8. Regarding page 23, Section III, H, 3, b, what specific information is desired?

Answer: Essentially, what it required is all the information necessary to create a patient record. This information may include, (but not limited to), name, address, medication history, current medication orders, allergies, etc. See Section 2, Program Functional Requirements for a more complete listing.

9. Does page 24, item 2, c, refer to the two attachments?

Answer: All attachments must be completed and returned with the proposal. Attachments C & D do not have to follow the guidelines specified on page 24, item 2,c but should be fill out considering the importance of the Evaluation Team being able to read and understand the proposal.

10. Regarding page 34, item M: we have never encountered a requirement for contractor payment of escrow fees that are for the benefit of the state. Is this a misprint, or is this truly a requirement? If it is a requirement, what are the fees associated with the state's chosen escrow agent?

Answer: The fees associated with an escrow agent should be the same whether the State directly pays or the contractor directly pays for these services. The state realizes that if the Contractor pays the escrow agent then it will be reflected in the Contractor's prices. During the negotiation phase of the RFP process, the State will select an escrow agent and the fees will be determined.

11. Regarding pages 39-42, DD and EE, are remedies applicable to the warranty period? If so, how are remedies applied, since page 35, R, states that maintenance begins at the end of the warranty period?

Answer: Sections DD and EE begin upon expiration of the Warranty period, 35 R.

12. In reference to Attachment C (IT Architecture), which architecture solution does the state prefer: thick client, Windows Client/Server centrally hosted, Citrix centrally hosted, or other?

Answer: Refer to the following document for your answer:
[http://www.vita.virginia.gov/uploadedFiles/Oversight/EA/ETANetworkDo
mainReport.pdf](http://www.vita.virginia.gov/uploadedFiles/Oversight/EA/ETANetworkDo
mainReport.pdf)

13. Regarding the body of the RFP: Is it possible to get an unprotected worksheet or freeze the top row?

Answer: NO. The cells will wrap and contain approximately 250 characters. If you need more space to explain your answer, place in that cell "refer to appendix A", create a new sheet called "Appendix A", refer back to the line in the original workbook and continue to provide your answer. Send back Appendix A with both the electronic copy and the printed copies for columns that require a yes or no answer just answer yes or no. Explaining your answer should be in the columns designed for explanations.

14. Are you open to replacing the billing system?

Answer: If you are referring to the Departments Financial Management System then the answer is no, If it is something different, then please specify exactly what you are referring to.

14. Regarding Attachment D: Master Functional and Technical Requirements, please provide further description of how you wish to accomplish these:

- a. 1.57 – 1.58. The question regarding crediting medications returned from the Community Services Board (CSBs). Please describe your anticipated requirements for this function and how CSBs practice.

Answer: Unclaimed prescription medications originally dispensed by the Community Resource Pharmacy (CRP) to facilities registered as Alternate Delivery Sites may be accepted back for either credit or destruction as per § 54.1-3411.1 of The Pharmacy Act, Drug Control Act, And Related Statutes, as well as Regulations Governing The Practice of Pharmacy, 18 VAC 110-20-400. The Virginia Board of Pharmacy permits the Community Resource Pharmacy to manage this process as prescriptions meeting specific criteria have not left the possession of the delivery agent, (i.e., the CSB) of the pharmacy. The functionality of the offeror solution is for the client record, client third party record, and drug inventory, if applicable, to be credited accurately and correctly when medications that are returned and the transaction is reversed.

- b. 3.03 Functionality to create, maintain and manage the Drug data formulary and dictionary, including but not limited to): NDC / DIN / bar code.

Answer: The DMHMRSAS is looking for a drug database that's user friendly, manageable and provides functionality to "flag" formulary or non formulary items when entering medication orders; this functionality (or an applicable functionality) should be described by the offeror in the proposal.

- c. 10.30 Provides or supports direct interface with clozapine online reporting systems, (Ivax/Teva clozapine registries).

Answer: These reporting systems are unique and require the inputting of specific and mandatory laboratory data in order to dispense particular medication. The DMHMRSAS is requesting offerors to include direct access / interface with these mandated registries or provide an applicable / appropriate functionality.

15. Concerning the 3 named facilities:

- a. Southwestern Virginia Mental Health Institute, Facility ID: 705, Operational Beds 172
- b. Southwestern Virginia Training Center, Facility ID: 738, Operational Beds 215
- c. Community Resource Pharmacy, Facility ID 700, Operational Beds Not available- Is this facility Outpatient only?

Answer: The Community Resource Pharmacy is the Department's only outpatient mail order pharmacy.

16. Is "operational beds" the same definition as "licensed beds?"

Answer: No as technically, licensed beds do not exist. The DMHMRSAS has certified beds that are part of total operational bed numbers. Certified beds are those beds that are designated for Medicare and/or Medicaid coverage. They are certified by the Department of Health. Operational beds are those beds that by policy represent anticipated census levels. The Department staffs and budgets for operational bed capacity. Operational bed capacity can and usually is less than total or certified capacity. Non-Medicare / Medicaid beds are not certified or licensed.

17. Are the "number of transactions" the "number of outpatient scripts" per facility? (on average, per month)

Answer: No; the Community Resource Pharmacy is the Department's only outpatient mail order pharmacy. In this case only, the value provided in the RFP is the count of outpatient prescriptions dispensed. All other transaction values, specifically for the facility pharmacies are medication orders for the facility clientele, (primarily inpatient, and some discharge prescriptions).

18. Would you require both inpatient and outpatient for each of these facilities?

Answer: No; however, the inpatient component must have the functionality to dispense prescriptions upon discharge, (discharge prescriptions).

19. Can you explain what you mean by general ledger and is this a required interface?

Answer: The Department's "general ledger" is a module of the comprehensive financial management system. This module represents an accounting book of final entry, in which business transactions are recorded. This is a highly desirable interface for the Department. (See Program Functional requirements, 14.20)

20. Can you please clarify the interfaces required at each of these sites:

- a. ADT
- b. Lab
- c. Billing/POS
- d. Mail Order
- e. Wholesaler
- f. Email
- g. other?

Answer: An electronic interface is desired. Please check the program functional requirements for the requirement status.

NOTE: There may be a problem with one of the excel sheets having cells that do not wrap. This is being looked at and if a correction is needed then a new excel sheet might be placed on the DMHMRSAS website at the beginning of next week.